

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coffee County Jail Administrator
Coffee County Jail
Farm Center Complex
New Brockton, AL 36351

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X*Sandy Pope*☐ Agent☐ Addressee

B. Received by (Printed Name)

Sandy Pope

C. Date of Delivery

*3-8-20*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No*1:0400174-WKW**C & O**(40)*

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7005 1820 0002 3465 1310

(Transfer from)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jail Doctor Zack E.
Coffee County Jail
Farm Center Complex
New Brockton, AL 36351

2. Article Number
(Transfer from se

0011 February 2004

7005 1820 0002 3465 1303

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sandy Pope

☐ Agent☐ Addressee

B. Received by (Printed Name)

Sandy Pope

C. Date of Delivery

3-8-02

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

1:06CV174-WKW

C + 5

(98)

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102599-02-M-1540